

1. Incident Name: <div style="font-size: 1.5em; font-family: cursive;">HURRICANE HARVEY</div>		Purpose: ICS Form 213RR-EPA is used by all incident personnel to request tactical and non-tactical resources (supplies, equipment, personnel and services). Instructions on back page.		Resource Request Message ICS Form 213RR-EPA					
2. Date/Time Prepared <div style="font-size: 1.2em; font-family: cursive;">9/10/17 19:28</div>		A. Logistics Resource Request Number (assigned by Logistics Section): <div style="font-size: 1.5em; font-family: cursive;">5213 E-211</div>		No 1546					
3. ORDER Note: One 213RR per funding source 3a. Funding Source (if known): <input type="checkbox"/> FEMA MA# <input type="checkbox"/> CERCLA <input type="checkbox"/> OPA <input type="checkbox"/> Other 3b. TO # or TDD _____									
Requester	3c. Qty	3d. Unit	3e. Detailed description of resource requested (supplies, equipment, personnel, services) and, if applicable, staple attachments for purpose/use, diagrams, and other information. (Ops indicate if request is TACTICAL)	3f. Requested Reporting Location:	Date/Time:	3g. (RESL) Tactical? Y/N	3h. LSC/FSC	3i. PC PO	
	1	1	PROVIDE BARRICADES AROUND CHARLIE BRANCH FOR SAFETY	PORT ARTHUR	9/10		Vendor or Agency:		
			Vendor didn't charge & cancelled					Vendor or PO #:	
								ETA:	
								Cost:	
								Vendor or Agency:	
								Vendor or PO #:	
								ETA:	
								Cost:	
								Vendor or Agency:	
							Vendor or PO #:		
							ETA:		
							Cost:		
4. Suggested source(s) of supply if known also Point-of-Contact phone number and suitable substitutes, if known :				5. Requester 5a. Requester Position and Signature: (Print Name) <div style="font-size: 1.2em; font-family: cursive;">JAMES R. B. [Signature]</div>					
6. Section Chief/Command Staff Approval:				5b. Contact Method/Number(s): <div style="font-size: 1.2em; font-family: cursive;">816-491-7921</div> Date/Time: _____					
CHECK IF THIS REQUEST WAS PLACED WITH START/ERRS _____									
Logistics	7. LSC Notes: <div style="font-size: 1.2em; font-family: cursive;">after discussion w/ Vendor no charges were INCURRED</div>								
	8. Logistics Section Signature: _____ Date/Time: <div style="font-size: 1.2em; font-family: cursive;">9/12/17 19:35</div>								
	9. SPUL, Property Management Officer or Property Accountable Officer/Designee Signature: _____ Date/Time: _____ Was property available from excess? (Check EMP Equipment, IFMS and/or GSA) <input type="checkbox"/> Yes, reassign resources to incident. <input type="checkbox"/> No, then submit ICS Form 213 RR-EPA to EOC or FSC for processing.								
Finance	10. Order placed by (check box): <input type="checkbox"/> SPUL <input type="checkbox"/> PROC <input type="checkbox"/> OTHER _____ DATE ORDER WAS PLACED _____ DATE RECEIVED _____								
	11. Reply/Comments from Finance: <div style="font-size: 1.2em; font-family: cursive;">Cancelled</div>								
Planning	12. Finance Section Signature: _____ Date/Time: <div style="font-size: 1.2em; font-family: cursive;">9/13/17</div>								
	13. RESL - Note availability of each resource request: <div style="font-size: 1.5em; font-family: cursive;">Cancelled 9/12/17</div>								
14. RESL Review/Signature: _____ Date/Time: _____									